SOIL EVALUATION/GROUNDWATER TESTING (usually March – April) Appointment Date  Appointment Time  REQUEST FOR LOT TESTING MUST BE SU		PERCOLATION TESTING/SOIL EVALUATION (usually after June 1st) Appointment Date  Appointment Time  BMITTED BETWEEN JAN. 1- MARCH 31 ONLY	
Type of Testing  New Lot  Retest of New Lot  Retest (>30 min/in add \$100)  Upgrade Failed System  There is		e to 4,000 gpd e Schedule for r Systems  5% processing n all refunds	
Town Assessor's Map #Parcel # Street Location Lot# Directions to Property			Lot#
New Existing Dwelling Number o Business Number o Industrial Describe	f Bedrooms f Employees	Water Squar Food	Supply Public Well e Feet of Floor Space Service yes no
Name of Engineer Has propert If yes, please give dates, and by will Owner's Name Address Email	hom		
Applicant's Name(must be owner Address		Business	Telephone
accompanying lot testing informat  Date			, true and correct. I have read the